



**DIOCESE OF PENSACOLA-TALLAHASSEE
PAYROLL CHANGE FORM**

EFFECTIVE DATE OF CHANGE _____

EMPLOYEE INFORMATION

Employee Name _____ SSN _____

Place of Employment _____

PAYROLL INFORMATION (All areas must be completed)

Employee Job Title _____

Supervisors Name _____

Supervisor's Email _____

Department _____

Employment Status - Full-time Part-time Hours Worked per Week - _____

Pay Cycle – Biweekly Monthly FLSA – Non-Exempt Exempt

Pay Rate – Hourly at \$ _____/per hour **or** Salaried at \$ _____/year

Reason for Change _____

Additional Earnings -

Earning Description _____ Rate _____

Continuous One-time

Additional Deductions –

Deduction Description _____ Rate _____

Continuous One-time

By signing I certify that this employee currently works for the Diocese of Pensacola-Tallahassee and that the information provided her is accurate and with my approval –

Supervisor/Administrator Name _____

Supervisor/Administrator Signature _____ Date _____